Reviewer’s report

Title: Prevalence of disrespect and abuse during facility based child birth and associated factors, Jimma University Medical Center, Southwest Ethiopia

Version: 0 Date: 13 Mar 2019

Reviewer: Ethel Burns

Reviewer's report:

Dear Authors - this is an interesting paper on a very important topic that has attracted global attention and been identified as an SDG goal. I hope you find my feedback helpful.

TITLE - I think that 'pattern' could be omitted because the content of the paper presents prevalence and associated factors. A pattern reflects a trend to me.

ABSTRACT - clear - however, CONCLUSION - please see comment below.

GENERAL
The term 'skilled provider' should be defined as the reader has no idea about who they are: for example, midwives only, a mix of midwives and obstetricians or whoever else. This limits a reader's ability to explore transferability of the research to other areas of and beyond Ethiopia.

BACKGROUND - second sentence - SDGs have replaced MDGs - suggest that authors adopt these are their reference point https://sustainabledevelopment.un.org/?menu=1300. Here and throughout this paper, there is no mention of midwives, yet the positive demonstrated impact of being cared for during childbirth by a skilled, empathetic midwife irrespective of country and context, was illustrated unequivocally in the Lancet's Global Midwifery seminal series of papers https://www.thelancet.com/series/midwifery. The series includes a paper on abuse and disrespect of women during childbirth https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)60859-X.pdf and I think contextualising this research to that would enrich this paper.

In setting the scene for this research it is important to have information beyond the proportion of 'skilled providers' are available to women. METHODS only mentions the range of medics working in JUMC - are there also midwives and if so, have they completed an education programme? Again, this information increases readership appreciation of potential transferability.

METHODS & MATERIALS - I have a few queries about the data tool and the modus operandi of the data collection for the 'interviewer-administered questionnaire'
* Did the allocated four nurses give the women the questionnaire to complete themselves or did they ask the women the questions and they logged their responses?
* The women received and completed the questionnaire shortly after giving birth and before hospital discharge. On average, exactly how soon after delivery, did they complete it? How long is the usual hospital stay postpartum?
I understand this was perhaps a pragmatic decision to secure data completion, however, were the women given an opportunity to decline to participate, could they ask any questions before taking part and was the questionnaire completed in a quiet, private area of the unit with one woman and one 'interviewer'?

How many questions comprised the questionnaire, were they closed (yes/no responses) and on average how long did it take to complete it?

Is it possible to add the questionnaire as a supplementary file?

The queries above should be addressed to ascertain if adequate ethical considerations, including respect, were considered and the rigour of the research.

DATA QUALITY CONTROL - 'The supervisor checked filled questionnaires for accuracy and completeness on daily basis' - did the supervisor take any action if data were incomplete?

Clear explanation of sample size calculation and clear presentation of data analysis and RESULTS overall.

Table 1 - would be helpful to include the mode of birth - for example, to know how many women in the sample had a spontaneous vaginal birth and if they had an episiotomy. This is important information in the context of examining maternal experiences of abuse and disrespect during childbirth.

DISCUSSION - If the INTRODUCTION was enhanced by use of wider key literature - for example, the Lancet series, I think the discussion would be enriched. There is very limited about the care of women during labour in the JUMC - apart from that the care appears to be highly medicalised as no mention again of the presence of midwives or if they play a role in childbirth care. The authors touch on context in the second # but it is less than clearly presented and could be developed.

CONCLUSION - It is simplistic to seize on the 'care provider's' gender in and of itself as a key finding because the issue is more complex than gender - it is around the 'how' women (and their families) are treated.

LIMITATIONS - should acknowledge the constraint on rigour and ethical considerations of of asking women about their care so soon after they give birth, in the place where they give birth and by staff employed by the hospital, albeit not part of their care provision.

OVERALL - this script would benefit from proof reading and tightening for ease of reading and understanding.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Unable to assess

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests.

I agree to the open peer review policy of the journal. I understand that my name will be included on my
report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal